



Bristol Virginia Meals Tax Form

Commissioner of the Revenue
497 Cumberland St, Room 101
Bristol, Virginia 24201
Ph: 276-645-7316 Fx: 276-645-3790

Reporting Month _____

Account # _____

Business Name

Meals Receipts for Month: \$ _____

Exempt Meals (gov't, school, church): \$ _____

10% of Above Amount: \$ _____

Penalty is 10% of tax for not more than one month with an additional penalty of 5% for each additional month or fraction thereof, not to exceed 25% in the aggregate. In no case shall the penalty be less than \$10.00 and such minimum penalty shall apply whether or not any is due for the period for which such report is required.

Penalty (If Past Due): \$ _____

Interest is 8% per annum computed on tax and penalty from due date.

Interest: \$ _____

Total Amount Due: \$ _____

This return MUST be filed by the 20th day of each month following the month for which the tax is due to avoid penalty and interest.

Please make **all payments** to the City Treasurer, Bristol, Virginia, and **mail the payment to:**

Commissioner of the Revenue
497 Cumberland St., Room 101
Bristol, VA 24201-4391

I hereby certify that the information provided in this form is accurate in accordance with Article VII, Chapter 78 of the City Code of Bristol, Virginia.

Date _____ Signature _____